



NEW ENGLAND FORENSIC ASSOCIATES

**REPORT OF
PSYCHOLOGICAL AND SEXUAL EVALUATION**

**Of
JOHN MACINTYRE**

Submitted to

**REBECCA AITCHISON
ASSISTANT FEDERAL PUBLIC DEFENDER
FEDERAL PUBLIC DEFENDER OFFICE
10 WEYBOSSET STREET, 3RD FLOOR
PROVIDENCE, RI 02903**

By

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February 7, 2022

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INTRODUCTION

John MacIntyre is a 34-year-old single, White male who has been charged with Possession of Child Pornography. He was referred by his attorney, Rebecca Aitchison, for a sex offender evaluation which is to be used in the sentencing phase of his trial. The purpose of this evaluation is to assess both his potential risk to the community as well as his risk to reoffend.

PROFESSIONAL BACKGROUND OF EXAMINER

I have over 25 years' experience in the diagnosis, assessment, and treatment of sexual offenders. I have worked in county jails, maximum-security forensic hospital settings, and state prison systems evaluating and treating offenders. Additionally, I was employed at the Suffolk Superior, Boston Municipal, and East Boston District Courts as a court clinician where I conducted evaluations on criminal defendants. During my tenure with the court, I conducted several hundred evaluations. Since 1996, I have treated offenders in the community as a consultant with New England Forensic Associates (NEFA), a nationally recognized practice for the evaluation and treatment of sexual offenders. I am currently the Clinical Director at New England Forensic Associates, and, in this capacity, I have conducted more than eight hundred sexual offender evaluations.

WAIVER OF CONFIDENTIALITY

Prior to beginning the examination, I explained to Mr. MacIntyre that I would be preparing a report of the results of my evaluation that could be submitted to the Court. I further explained that whatever Mr. MacIntyre told me could be included in this report and that should I be called upon to testify, could be disclosed. I informed him that he could decline to answer any questions that I asked and could terminate the interview at any time. He stated that he understood this and wished to continue under these conditions. He also informed me that his attorney had advised him to participate in this evaluation.

FOCUS AND CONDUCT OF THE EVALUATION

Mr. MacIntyre was seen for this evaluation on January 5, 2022 at the offices of New England Forensic Associates, Inc. (NEFA) located in Arlington, MA. He presented as a heavy-set man who was casually

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dressed, and wears glasses. There is an overall immature quality to Mr. MacIntyre. In his dress, appearance, and presentation he seems more adolescent than a 34-year-old man who is a college graduate. It should be noted that he was completely cooperative with the interview process and appeared to be forthcoming with information. He made no attempts to conceal or minimize his criminal behavior.

SOURCES OF INFORMATION

- Clinical interview with Mr. MacIntyre on January 5, 2022
- Millon Clinical Multiaxial Inventory ---III
- Abel Assessment of Sexual Interest-3
- Discovery materials provided by Rebecca Aitchison

INTERVIEW OF MR. MacINTYRE

Family History

Mr. MacIntyre was born to a married couple in East Greenwich, Rhode Island. He is the older of two siblings, having a sister who is six years younger, and he was raised in an intact family. His parents have remained married for all of his life, and he reports that his family home was very stable, and that his parents are loving and supportive. His mother did not work outside of the family home and his father worked at a local factory, and the family was financially stable. Mr. MacIntyre denies any history of physical, sexual or emotional abuse and reports stable relationships with both of his parents and his sister. Overall, his developmental history appears very normal and absent of any traumatic events.

At age 34, Mr. MacIntyre has never married and has no children.

Educational History/ Work History

Attending public schools for kindergarten through eighth grade, John went to a private Catholic high school; Bishop Hendricken in Warwick, Rhode Island. While in grade school, he was diagnosed with Attention Deficit Disorder at age seven, he was briefly prescribed medication but took it only for a short time because he did not like the side effects. Even though he did have some difficulties attending and concentrating on his schoolwork, John always earned above average grades and was frequently on the honor roll. While he was not one of the more popular students, he did have a small group of close friends. He never had any disciplinary

problems as a student. In terms of extra curricular activities, Mr. MacIntyre did not play or compete in sports, but was a member of the debate society.

Immediately after graduating from high school, Mr. MacIntyre attended the University of Rhode Island where he studied film and management. His academic success continued in college, and he was often on the Dean's List. Throughout college, Mr. McIntyre did have friends, but he also spent a great deal of time alone, studying and playing computer games. It was also at this time that his pornography use increased (this will be discussed in detail later in this report).

As a high school student, Mr. MacIntyre worked as a dishwasher in a nursing home as well as at his local town hall. When he graduated from college, he spent several years working in the retail industry at Ocean State Job Lots and BJ wholesale club. For the past six years he has worked in Quality Assurance in a factory that manufactures large water tanks.

Substance Abuse History

Mr. MacIntyre has no history of abusing drugs or alcohol. He does not drink at all and has never used illicit drugs.

Sex/Relationship History

Mr. MacIntyre describes himself as "bisexual" and says that he is attracted to both men and women. He recalls that his first sexual thoughts occurred early in adolescence and coincided with the time that he sought out pornography on the internet

Mr. MacIntyre said that he did have a desire to date starting in high school, but that he could never approach a peer as he was too shy. Over his entire life he has had no dating relationships. He has never had a romantic kiss and has never had any sexual contact with anyone.

Criminal History

Mr. MacIntyre had no previous criminal history at all. He has never been accused of any crime nor has he been accused or convicted of a sexual offense.

Psychiatric History

Mr. MacIntyre was diagnosed with Attention Deficit Disorder at age seven. He took medication, Concerta, during childhood but stopped prior to leaving grade school. He has not taken any psychiatric medications since that time.

He attended individual psychotherapy briefly in his early 20's. Mr. MacIntyre has never been psychiatrically hospitalized, nor has he ever attempted suicide.

MR. MacINTYRE'S HISTORY OF PORNOGRAPHY USE

Mr. MacIntyre reports that he saw adult pornography on the Internet as an early adolescent (age 12 or 13). He was already heavily involved with computers and the Internet, so during adolescence he would search for a wide range of pornographic images. As he aged, he realized that he was bisexual and attracted to both males and females. One of the ways he would get pornographic images was through downloading large numbers of pictures through file sharing sites. It was during these sessions of downloading that he first viewed what he believed to be child pornography. Since his early teens, Mr. MacIntyre has viewed all manner of pornography, including child pornography.

It should be noted that when he was arrested, Mr. MacIntyre was interviewed by federal agents and he admitted that he began viewing pornography, including child pornography, when he was a teen. He made no effort to conceal his history and admitted his offending behavior.

RESULTS OF PSYCHOLOGICAL AND SEXUAL INTEREST TESTING

Millon Clinical Multiaxial Inventory-III (MCMI-III): *Similar in concept and structure to the MMPI, the MCMI-III consists of 175 items. A person's responses to these items are matched against those diagnostic subgroups that are described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), the most up-to-date, standard reference system used to classify psychological disorders. The MCMI-III yields personality profiles that correspond to standard diagnostic groups, including major mental illness, character problems, clinical syndromes (such as depression and anxiety), and substance abuse.*

Diagnostically, at the time of this testing, Mr. MacIntyre is a very anxious man who likely has Generalized Anxiety Disorder. The assessment identified that, "sexuality may be a major problem for this young man. He harbors serious reservations as well as a measure of confusion or discontent in relation to his impulses and the roles he is expected to assume. Troubled by these feelings, he may restrain his romantic inclinations until he is able to clarify his current feelings."

Abel Assessment of Sexual Interest: *Work on the assessment of sexual offenders by Dr. Gene Abel (a noted researcher on sexual violence) has led to the development of the Abel Assessment of Sexual Interest, a computer-based assessment system that indirectly measures and analyzes the relative strength of normal and deviant sexual interests. Ongoing research has demonstrated its validity, reliability, and resistance to faking, and its correlation with the extensively used Penile Plethysmographic procedure. The Abel Assessment requires a person to complete an extensive questionnaire, and to rate 160 slides while his or her physiological responses are recorded and analyzed. The final analysis yields a relative ranking of sexual interests in 22 distinct areas, including age-appropriate sexual interests, and deviant interest in variously aged children of both sexes.*

Mr. MacIntyre's AASI protocol appears to be a valid assessment. This assessment indicates that he shows a sexual interest in adult females, adult males, in females ages 14 to 17, in males aged 14 to 17, and, in females ages 6 to 13, and in males aged 6-13. This profile is often observed in individuals who have not yet defined a clear psycho-sexual interest or orientation, and thus, are sexually immature. This type of profile is also often observed in men that are generally overly anxious and anxious about their sexuality in particular. Both issues are problem areas for Mr. MacIntyre.

SUMMARY AND CONCLUSIONS

John MacIntyre is a 34-year-old, single, White male who has been charged with Possession of Child Pornography. He was referred by his attorney, Rebecca Aitchison, for a sex offender evaluation which is to be used in the sentencing phase of his trial. The purpose of this evaluation is to assess both his potential risk to the community as well as his risk to reoffend.

Mr. MacIntyre readily admits to viewing and downloading child pornography. In determining his level of risk, it is essential to examine the factors that contributed to this behavior, and if the behavior was motivated by sexual fixation on children. It is also crucial to determine if Mr. MacIntyre has personality traits that would suggest he is at increased risk to engage in future sexual misconduct. Finally, it is important to address any psychiatric conditions that may have contributed to his pornography use. In Mr. MacIntyre we see several factors that contributed to his use of child pornography. In general, he is socially isolated, sexually confused and has a neurodevelopment disorder, autism spectrum disorder, which was never diagnosed.

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In terms of his own sexual development, Mr. MacIntyre was already escaping from unhappy social relationships by means of the Internet when he reached puberty. Normal adolescent curiosity, combined with his own confusion about his sexual identity, resulted in his viewing pornography in his early teen years. Throughout adolescence he used this as a means to escape his own unhappiness, and eventually the behavior became compulsive. There is no question that his own stunted social development, and his lack of a defined sexual identity contributed to his viewing of pornography.

In having assessed and treated hundreds of individuals who have viewed child pornography, we have seen a subgroup of individuals who view a wide range of images because they are uncomfortable or unclear about their own sexual identity. They become conditioned to these images and continue to view them. This appears to be the case for Mr. MacIntyre as his sexual interest testing shows an individual who has not clearly differentiated his own sexual identity.

In addition to his confusion about his sexual identity, Mr. MacIntyre meets the DSM - V diagnostic criteria for Autism Spectrum Disorder. His symptoms include but are not limited to:

1. Social deficits dating back to childhood
2. Inability to identify and respond to appropriate social cues
3. A series of repetitive and rigid compulsive behaviors
4. A limited sense for the way he impacts other and naivety about the social consequences of his actions.

In Mr. MacIntyre we find an intellectually bright man where it is likely that his Autism Spectrum Disorder went undiagnosed **because** he is very intelligent. Both his school and his family failed to recognize that, although academically successful, he had serious social limitations. Had this psychiatric disorder been identified early in life, it is likely that Mr. MacIntyre could have received some supportive therapy and ultimately avoided his current situation. Unfortunately, he went undiagnosed until this time. Prior to his current behavior, he **never** had any behavioral problems and had absolutely **no** criminal record. It is my professional opinion that if the following treatment recommendations are closely adhered to, Mr. MacIntyre could be safely managed in the community.

1. Mr. MacIntyre should participate in a comprehensive outpatient sexual offender treatment program for men who have used illicit pornography.

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2. Through psychological treatment Mr. MacIntyre should further investigate his own sexual identity.
 3. Mr. MacIntyre should explore developing appropriate relationships with peers.

Given that Mr. MacIntyre's only criminal behaviors were limited to the Internet and has demonstrated a lifelong ability to comply with all other social norms, his prognosis is excellent. It is my professional opinion that Mr. MacIntyre represents an extremely low risk to commit a future offense.

If you have any question or concerns, please do not hesitate to contact me directly.

Sincerely,

New England Forensic Associates



Leo Keating, LICSW

Clinical Director

LDK/nal



NEW ENGLAND FORENSIC ASSOCIATES

Leo D. Keating, LICSW

Professional Summary

More than 20 years of experience working with individuals who have problematic sexual behaviors. Currently Clinical Director for New England Forensic Associates (NEFA), a nationally recognized center for the evaluation and treatment of sexual offenders. Manages all forensic consultations, evaluations and assessments, court testimony in criminal matters such as sexual offender cases. Conducts more than 100 psychosexual evaluations annually. Provides diagnostic and sexual interest testing with outside entities including prisons and psychiatric hospitals. Manages outpatient individual and group therapy services for clients.

EDUCATION:

1996 MSW Boston College Graduate School of Social Work, Forensic Concentration

1993 B.A. Psychology, University of Massachusetts, Amherst

PROFESSIONAL LICENSE:

Commonwealth of Massachusetts
Licensed Independent Clinical Social Worker
License #1029324

CURRICULUM VITA

CLINICAL AND ADMINISTRATIVE EXPERIENCE:

2011 – Present

Clinical Director
New England Forensic Associates
Arlington, MA

Oversees all services for the evaluation and treatment of sexual offenders. Provides clinical guidance, direction, training, assessment and feedback for all clinical staff to address needs of population served. Develops and implements treatment programming for more than 300 criminally involved clients.

1996 – Present

Private Clinical Practice
New England Forensic Associates
Arlington, MA

Managed all testing services and a member of the NEFA clinical treatment team.

2013 – 2014

Deputy Director of Forensic Operations
Massachusetts Department of Mental Health

Responsible for oversight of all Forensic services provided by the Massachusetts Department of Mental Health, including adult and juvenile court clinics, jail diversion programs, and reintegration for incarcerated DMH clients.

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Geneva Gann, LMHC

Ruth Khowais, Psy. D

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2011-2013 **Regional Mental Health Administrator for Mental Health Services**
 Massachusetts Department of Corrections
Provided oversight for all mental health services to nearly 10,000 inmates incarcerated in the Massachusetts prison system.

2006-20011 **Regional Director Correctional Operations**
 Vermont and New Hampshire
 MHM Services Inc.
Oversaw contract operations including all mental health and medical services provided by the Department of Corrections.

2002-2006 **Court Clinician**
 Boston Municipal and Suffolk Superior Courts.
 Forensic Health Services.
Triaged all criminal cases that involved psychiatric disorders. Conducted comprehensive psychological evaluations to assess treatment needs. Provided recommendations to court for ongoing mental health intervention

2000-2002 **Health Services Administrator**
 Essex County Correctional Facility
Monitored and administrated all medical, psychological and dental services for 1400 inmates of large county jail and house of correction.

1997-2000 **Mental Health Director**
 Essex County Correctional Facility.
Supervised all psychological services provided at facility. Developed and implemented systems for case management of all mentally ill clients incarcerated in facility.

EXPERT WITNESS TESTIMONY AND REPORT WRITING:

US Federal Courts
Massachusetts Superior Courts
Massachusetts District Courts
Massachusetts Sex Offender Registry Board
New Hampshire Superior Courts

ADDITIONAL CLINICAL FORENSIC TRAINING:

Certified in the administration and interpretation of the
Penile Plethysmograph
Abel Assessment for Sexual Interest

NEP

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Relapse Prevention Model for Sex Offenders
Hostage Negotiation

TEACHING EXPERIENCE AND PRESENTATIONS:

University of Massachusetts at Amherst
Massachusetts Department of Corrections
New Hampshire Department of Corrections
Certified Trainer for Massachusetts Police Academies
Massachusetts Association for the Treatment of Sexual
Abusers (MATSA)
National Alliance on Mental Illness (NAMI)
Curry College

NBIR